

Provider Type 12: See Web Announcement 971 for updated information regarding billing for some radiation treatment services.



January 21, 2013 (Updated February 12, 2014)

Announcement 560

Provider Types 12 and 27 to be Paid Technical Component Rate for Radiology Codes

Effective with dates of service on and after January 1, 2013, Nevada Medicaid provider types 12 (Hospital, Outpatient) and 27 (Radiology & Non-Invasive Diagnostic Center) will be reimbursed at the technical component (TC) rates within the 70000-79999 code range for radiology services in order for these claims to adjudicate correctly. Provider types 12 and 27 will no longer be reimbursed for the base or modifier 26 (professional component) rate for these codes. Claims for codes 70000 through 79999 will be denied if they are not billed with modifier TC.

Exception: Do not bill codes 77370 and 77336 with modifier TC.

Provider type 27: Please see Web Announcement 701 for updated information.